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Revised

CITY OF RIVERSIDE
HUMAN RESOURCES DEPARTMENT
CLASSIFICATION SPECIFICATION

TITLE: CLAIMS ADMINISTRATOR

DEFINITION

Under general supervision, to examine and adjust claims for Workers' Compensation benefits; to monitor claims expenditures; to communicate with physicians, supervisors, employees and attorneys regarding illness or injury related to employment; and other related duties as required.

DISTINGUISHING CHARACTERISTICS

The incumbent of this class performs Workers' Compensation claims examining and adjusting and related duties under the direction of the Health/Workers' Compensation Manager within the Personnel Department. This position has initial responsibility for all claims. It is distinguished from the Claims Examiner by the complexity and reserve amounts of the cases routinely handled and by the requirement of Claims Administrator Certification by the State of California.

REPORTS TO:

SUPERVISION RECEIVED AND EXERCISED

EXAMPLES OF DUTIES

- Duties may include, but are not limited to, the following:
- Review, examine and adjust Workers' Compensation claims.
- Receive and record all claims and determine compensability.
- Authorize medical treatment and/or change of physician utilizing California State Workers' Compensation Law.
- Compute and authorize payments according to California Labor Code.
- Set reserves.
- Advise employees and dependents of entitlement to Workers' Compensation benefits under state law and City policy.
- Arrange special investigations and medical examinations.
- Advise departments regarding procedures and reporting deadlines involving work related injuries.
- Contacts injured employee to explain benefits and legal rights under the Labor Code.
- Prepare subrogation and litigation cases and correspond with doctors and attorneys on litigated cases.
- Attend WCAB hearings and authorize settlements as directed by the Health/WC Manager.
- Serve as custodian of records; produce record and attest to validity under the direction of the court by subpoena.
- Develop documentation for claims reports by requesting substantiating reports from physicians, supervisors and witnesses.

- Compile pertinent facts, make thorough analyses, and arrive at sound decisions.

QUALIFICATIONS

Knowledge of:

- State of California Labor Code and Workers' Compensation law.
- Medical terminology, anatomy, and technical terminology used in the medical profession related to the cause and treatment of occupational injuries and diseases.
- Investigative techniques, methods and procedures.

Ability to:

- Compile pertinent facts, make thorough analyses of Workers' Compensation claims and arrive at sound decisions.
- Understand, interpret and apply State Labor Code, Workers' Compensation Law, and City regulations.
- Deal effectively with employees and the public.
- Present ideas concisely and effectively, orally and in writing.

Education and Experience:

Any combination of experience and education that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Education: Equivalent to an Associate Art degree (60 semester or 90 quarter units) from an accredited college. Additional qualifying experience may be substituted for the required education on a year-for-year basis.

Experience: Three years' responsible experience in the reserving, adjusting, analyzing and settling claims in a self-insured environment.

MEDICAL CATEGORY: Group 1

NECESSARY SPECIAL REQUIREMENT

Possession of a California State Certification of Claims Administrator.

CAREER ADVANCEMENT OPPORTUNITIES

FROM:

TO: